

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43312

1. Corporation Name

NAPLES SAILING CENTER, INC.

Principal Place of Business

Mailing Address

896 RIVER POINT DRIVE
NAPLES FL 33942

896 RIVER POINT DRIVE
NAPLES FL 33942

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 98

2. New Principal Office Address, if Applicable NAPLES Landings Suite, Apt. #, etc. P.O. Box 1251 City & State NAPLES FL Zip 34106 Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. P.O. Box 1251 City & State NAPLES FL Zip 34106 Country		4. Date Incorporated or Qualified To Do Business in Florida 05/08/1991	
				5. FEI Number 65-0261288	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BONNESS, JOE III	6830 SANDALWOOD LANE	NAPLES FL 34109
D	KOCH, GEORGE FRANCOEUR, Phil	525 BRAD AVE S. 2375 TAMiami Trail N Suite 308	NAPLES FL 34103
D	BOLTON, PETER Nordhoff, Dave	1301 WAHOO CT. 8420 Abbingtion Cir. Apt B-11	NAPLES FL 34108
D	MOORE, JOHN	1300 751 GALLEON DR.	NAPLES FL 33940 34102
D	RENNER, JOHN P DAVID, Lykins	2160 SMOOK DR. 735 8th St. So.	NAPLES FL 34102

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BONNESS, JOE 6830 SANDALWOOD LANE NAPLES FL 33999	Name Street Address (P.O. Box Number is Not Acceptable) 500002701045--8 Suite, Apt. #, Etc. -12/03/98--01005--001 City State Zip Code FL 34109

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Joe Bonness III* **NOTRE REQUIRED** Date: 11-18-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Joe Bonness III* **NOTRE REQUIRED** Date: 11-18-98 9415972181
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)